

**EPA** U.S. ENVIRONMENTAL PROTECTION AGENCY  
**NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**

INSTALLATION'S EPA I.D. NO. **MT0037561763**

NAME OF INSTALLATION **ANACONDA COP**

INSTALLATION MAILING ADDRESS **PO BOX 10  
COLUMBIA FLS, MT 59912**

LOCATION OF INSTALLATION **1 MILE N OF COLUMBIA FLS  
COLUMBIA FLS, MT 59912**

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, or the line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**FOR OFFICIAL USE ONLY**

COMMENTS

**RECEIVED**

INSTALLATION'S EPA I.D. NUMBER **MT0037561763** APPROVED  DATE RECEIVED (yr., mo., & day) **800815** **AUG 15 1980**

I. NAME OF INSTALLATION **ANACONDA COP** Hazardous Waste Program EPA Region VIII

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX **PO BOX 10**

CITY OR TOWN **COLUMBIA FALLS** ST. **MT** ZIP CODE **59912**

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER **1 MILE N OF COLUMBIA FALLS**

CITY OR TOWN **COLUMBIA** ST. **MT** ZIP CODE **59912**

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title) **Smith Lee W. Technical Oper. Mgr** PHONE NO. (area code & no.) **406-892-3261**

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER **Anaconda Aluminum Co. Subsidiary of ARCO**

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

TYPE OF OWNERSHIP: F = FEDERAL, M = NON-FEDERAL **M**

A. GENERATION  B. TRANSPORTATION (complete item VII)

C. TREAT/STORE/DISPOSE  D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A. AIR  B. RAIL  C. HIGHWAY  D. WATER  E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Enter "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION  B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

**IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
7	8	9	10	11	12
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 8 8					
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
19	20	21	22	23	24
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
25	26	27	28	29	30
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
37	38	39	40	41	42
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
43	44	45	46	47	48
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

1. IGNITABLE (D001)     
  2. CORROSIVE (D002)     
  3. REACTIVE (D003)     
  4. TOXIC (D009)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>R. A. Sneddon</i>	NAME & OFFICIAL TITLE (Type or print) R. A. Sneddon Manager, Reduction Operations	DATE SIGNED 8/4/80
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